

A Report on the 6th International Conference on Community Health Nursing Research

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A Report on the 6th International Conference on Community Health Nursing Research

第 6 回国際地域看護学会の報告

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Introduction

The International Conference on Community Health Nursing Research (ICCHNR) was registered as a charity in 1995. It provides a new understanding of health promotion and brings opportunities to assemble the capabilities of nurses in order to improve the quality of healthcare. It is also committed to supporting community nursing in developing countries through its international network of nurse researchers, international conferences, and fund raising activities.

Amid concern about the spread of MERS, the 6th ICCHNR was held at Seoul National University in South Korea from August 19 to 21, 2015. It was sponsored by the Korean Academy of Community Health Nursing. I presented our study at this meeting. The following report describes the 6th ICCHNR and our study.

The 6th ICCHNR

The theme of the conference was “Knowledge Translation into Community Health Nursing: Health Promotion across the Life Span.” The aim of the conference is to provide evidence to promote strategies for the advancement of nursing for high quality care in the community setting.

Over 750 of the world’s leading community health nursing scholars and practitioners from 19 countries participated in the conference. During the three-day event, 76 oral presentations and 387 poster presentations in 33 themes were given by participants from all over the world. The conference also organized the keynote lecture, special session, five invited lectures, three symposiums, and three concurrent sessions. The keynote lecture was entitled “Exploring the Evolution of Evidence in Community Health Nursing.” The theme of the special session was “Nursing and Community Health Initiatives in the Philippines, Malawi, and Uganda.” The invited lecture was entitled “The State of the Art: Evidence-based Nursing Initiatives and Health Promotion in Japan.” These presentations demonstrated the efforts and research trends in health promotion by community nurses in countries such as United Kingdom, United States, and South Korea. The theme of the symposium was “Translation of Research into Practice Focusing on Health Promotion for Child and Adolescents,” and stimulated separate discussions for the target groups of adults and older adults.

Our study

The 2007 “Report from the Committee on Developing Basic Education in Nursing” pointed out a problem in Japan’s nursing education: at the time of graduation, a nursing student can perform few nursing techniques. During in-home nursing training, the number of times a student experiences nursing techniques is limited as a result of the paucity and briefness of the visits. Nursing techniques at onsite locations are also considered to be more difficult than practiced within training facilities. Thus we focused on obtaining nursing techniques during in-home nursing training, and presented a poster entitled “Students’ Attainment Techniques in Home Care Nursing before their Graduation.”

(Picture 1)

Background/aim

A major characteristic of home care is to provide care appropriate to a variety of ages, diseases, and care environments at the patients' homes. Because of this, the levels of nursing skills that nursing students experience in home care nursing training are higher compared to those in other nursing training fields. This study considers how to support nursing technique acquisition by examining how techniques are acquired in home care nursing training. The "list of nursing techniques in nursing education and graduating students' attainment level" (hereinafter, "the attainment level") in the "Report from the Committee on Developing Basic Education in Nursing"¹⁾ (hereinafter, "the Report") was used. These guidelines stipulate the attainment level of nursing techniques at graduation.

Method

Participants : A total of 103 third-year students in Basic Education in Nursing and 5 nurses supervising training at the home care nursing station (hereinafter, "the supervisors") .

Procedure : A questionnaire survey on nursing techniques (13 categories and 100 technique items) , which was devised based on the report, was undertaken in 2010. For the students, the number of practices of the techniques according to attainment level during home care nursing training was measured. The supervisors were asked about the potential attainment level in training (hereinafter, "NS attainment level") . This was then compared to the "attainment level" of the technique items in the questionnaire. The attainment levels were "Level I : can practice on his/her own," "Level II : can practice under supervision," and "Level III : watching the supervisor's practice."

Ethical considerations

This study was supported by the Ethics Committee of two Colleges of Nursing. The authors have no financial conflicts of interest to disclose concerning the study.

Analysis

A total of 65 technique items in the report and technical content items in the questionnaire that matched were analyzed. The students' experiential rate (hereinafter, "experiential rate") was calculated by adding the number of student practices according to the attainment level. The attainment level with the highest experiential rate was "the students' attainment level." The attainment level was examined by producing attainment goals, which were obtained by comparing the "attainment level" and "the NS attainment level." This presentation examines 22 items in which the students' attainment goals differed at "the attainment level" and "the NS attainment level."

Results

In terms of the students' attainment levels, Level I was achieved in 1 item; Level II, in 2 items; and Level III, in 19 items. Therefore, students experienced nursing training at Level III even for the technique items that they aimed to acquire at Level I. The highest experiential rate according to the techniques was 53.4% for "can change nightwear of the lying patient without intravenous drips." However, 16 items had an experiential rate of 30.0% or under. In 15 items, "the NS attainment level" was lower than "the attainment level": eight items were to be acquired at Level I and seven items at Level II. Technical content included "can carry out hand bathing/ foot bathing appropriate to the patient's condition" and "can change nightwear of the lying patient without intravenous drips." Seven items had a higher "NS attainment level": four items in techniques to support daily life—such as "can change beddings of the lying patient"—which were aimed at Level II, and three items in medical support technique—such as "can operate the oxygen cylinder in training at school"—which were aimed at Level III.

Discussion

The students' attainment levels for the 22 items that were examined were low and it was difficult to apply the "attainment level." The nurses' evaluation took the home visit situation into account by setting the Level II attainment goals for basic nursing techniques—such as hand bathing and foot bathing—at Level I. Therefore, support for nursing students to strengthen their practical skills in training at school so that they can undertake more hands-on experience at a higher attainment level during home care nursing training is needed. Collaboration with the supervisor on further changes to the training system is necessary.

In home care nursing training, learning to understand the kinds of devices they can use in basic nursing is important. Therefore, development of a new evaluation scale for nursing techniques that takes into account the characteristics of home care nursing is necessary.

Conclusion

At the 6th ICCHNR, we received good advice on our research from nursing specialists and learned many things. Additionally, at the Special Session, a report on regional nursing initiatives in developing countries such as those in Africa reconfirmed that citizens in many countries are in need of community health support. We, who play a part in community health nursing, strongly felt the necessity of international cooperation.

In addition, we were able to talk with nursing students from Korea who were supporting the conference. There are things to learn from these students' Japanese ability and strong desire to learn. We felt that, if students at our school were able to interact with these students from Korea and see the positive attitude toward nursing study that we felt in these women, it would have a good effect on their education.

Acknowledgment

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Students' Attainment Techniques in Home Care Nursing before their Graduation

Asahi University in Japan : Sagami Mitamura, Kyouko Naito, Kishiko Suzuki, Yayo Ozaki

【Background/aim】

A major characteristic of home care is to provide care appropriate to a variety of ages, diseases, and care environments at the patients' homes. Because of this, the levels of nursing skills that nursing students experience in home care nursing training are higher compared to those in other nursing training fields.

This study considers how to support nursing technique acquisition by examining how techniques are acquired in home care nursing training.

【Method】

[Participants] ① A total of 103 third-year students in Basic Education in Nursing
② 5 nurses supervising training at the home care nursing station (hereinafter, "the supervisors").

[Procedure] Research in 2010.

① For the students, the number of practices of the techniques according to attainment level during home care nursing training was measured.

② The supervisors were asked about the potential attainment level in training (hereinafter, "NS attainment level").

This was then compared to the "attainment level" of the technique items in the questionnaire.

Guidelines stipulate the attainment level of nursing techniques at graduation.

"the Report" → "Report from the Committee on Developing Basic Education in Nursing"⁽⁴⁾

"the attainment level" → The "1st of nursing techniques in nursing education and graduating students' attainment level"

Questionnaire

13 categories

100 technique items

Attainment levels

"Level I: Can practice on his/her own", "Level II: Can practice under supervision", "Level III: Watching the supervisor's"

【Analysis】

A total of 65 technique items in the report and technical content items in the questionnaire that matched were analyzed. This presentation examines 22 items in which the students' attainment goals differed at "the attainment level" and "the NS attainment level."

"Experiential rate": The students' experiential rate was calculated by adding the number of student practices according to the attainment level.

"Students' attainment level": The attainment level with the highest experiential rate

【Results 1】

*In terms of the students' attainment levels

Level I is 1 item, Level II is 2 items, Level III is 19 items

*Experiential rate • The highest experiential rates 53.4%

Content: "Can change nightwear of the lying patient without intravenous drips"

• 16 items had an experiential rate of 30.0% ↓

【Results 2】

*Comparison of "the NS attainment level" and "the attainment level":

"the NS attainment level" < "the attainment level" 15 items

Content: "Can carry out hand bathing/foot bathing appropriate to the patient's condition"

Can change nightwear of a lying patient with intravenous drips" etc.

"the NS attainment level" > "the attainment level" 7 items

Techniques to support daily life 4 items

Content: "Can change beddings of the lying patient" etc.

Medical support technique 3 items

Content: "Can operate the oxygen cylinder in training at school" etc.

Table 1: The attainment levels of nursing technique items at the time of graduation and the students' experiential rates

Categories	Technique items	Technique items in the questionnaire	Attainment level			Experiential rate according to students' attainment level			
			Attainment level at graduation	NS attainment level (Item 2)	Students' attainment level* (Item 103)	Total experiential rate (%)	I (%)	II (%)	III (%)
Environmental adjustment	Can choose comfortable bedroom environment for the patient	Adjustment of room environment (physical environment of the room)	I	II	III	33.0	1.9	4.9	26.2
Toilet support	Can choose appropriate bedpan/urine bottle and support excretion	Selection of excretion support tools (taking into account the excretion condition and liberty)	I	II	III	5.8	0	0	5.8
Aiding and resting	Can assist the patient to walk	Assisting walking (on his/her own or with a stick)	I	II	III	34	7.8	7.8	18.4
Cleanliness and clothing support	Can carry out hand bathing/foot bathing appropriate to the patient's condition	Partial bathing (hand bathing/foot bathing)	I	II	II	29.1	3.9	12.6	12.6
	Can provide grooming assistance to the patient	Grooming (looking after denture, shaving, nail clipping)	I	II	III	40.8	1.9	3.9	35.0
Safety management	Can change nightwear of a lying patient without intravenous drips	Changing nightwear (lying patient)	I	II	II	83.4	0	18.3	25.2
	Can put in place measures to prevent misidentification of the patient	Kid management (prevention of medical accident)	I	II	III	5.9	0	1.0	4.9
Environmental adjustment	Can act according to the situation in the event of disaster	Disaster support	I	III	III	1.0	0	0	1.0
	Can change the bedding of a lying patient	Changing bedding	II	I	I	29.1	11.7	9.7	7.8
Feeding support	Can feed liquid food to the patient through a nasogastric catheter	Feeding by tube at home (bedding liquid food)	II	III	III	17.5	0	0	17.5
Support for activities and rest	Can lower pain by limiting body movement	Finding a self-comfortable position (on mattress)	II	I	III	35	1.0	4.9	29.1
	Can administer joint mobility training	Joint mobility training	II	III	III	39.8	1.0	9.7	29.1
Cleanliness and support for drinking	Can change nightwear of a lying patient with intravenous drips	Changing nightwear (with intravenous drips)	II	III	III	8.7	0	2.9	5.8
Emergency care	Can observe the patient's state of consciousness	State of consciousness observation	II	III	III	4.9	0	1.9	2.9
Managing symptoms and biological function	Understand different methods of collecting urine and can handle urine sample correctly	Collecting and handling sample (blood, urine)	II	III	III	4.9	0	0	4.9
	Can prepare the patient for an accurate examination	Providing assistance at an examination	II	III	III	23.5	3.9	1.9	15.5
Infection prevention	Can perform sterilization operation correctly	Clean handling of sterilized items	II	III	III	14.6	0	1.0	13.6
Securing comfort	Can make a comfortable position for the patient	Maintenance of comfortable position	II	I	III	23.3	1.0	2.9	19.4
	Can make a plan to maintain the patient's mental well-being	Education	II	I	III	15.5	1.0	1.9	12.6
Controlling breathing/circulation	Can operate an oxygen cylinder in training at school	Management of portable oxygen cylinder	III	II	III	9.7	0	0	9.7
	Can perform postural drainage with the nasopharynx or among students	Postural drainage	III	II	III	11.7	0	1.0	10.7
Wound management	Can perform basic bandaging among students	Bandaging	III	II	III	7.8	0	1.0	6.8

*The highest experiential rate (when there are identical, the higher attainment level).

【Discussion】

1. The students' attainment levels for the 22 items that were examined were low and it was difficult to apply the "attainment level." The nurses' evaluation took the home visit situation into account by setting the Level II attainment goals for basic nursing techniques—such as hand bathing and foot bathing—at Level I. Therefore, support for nursing students to strengthen their practical skills in training at school so that they can undertake more hands-on experience at a higher attainment level during home care nursing training is needed. Collaboration with the supervisor on further changes to the training system is necessary.

2. In home care nursing training, learning to understand the kinds of devices they can use in basic nursing is important. Therefore, development of a new evaluation scale for nursing techniques that takes into account the characteristics of home care nursing is necessary.

Reference 1) Ministry of Health, Labour and Welfare, "Annex 3: The list of nursing techniques in nursing education and graduating students' attainment level," "The Report from the Committee on Developing Basic Education in Nursing," 2007.